

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>10-031424</i>	FILING DATE					
						APPLICANT(S)						
CLAIMS												
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
IND.	DEP.	IND.	DEP.	IND.	DEP.	*	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/				51					
2		/	/				52					
3		2					53					
4	/		/				54					
5			/				55					
6		3					56					
7		3					57					
8		0					58					
9		0					59					
10		0					60					
11		0					61					
12		0					62					
13		0					63					
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42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.							TOTAL IND.					
TOTAL DEP.	9						TOTAL DEP.					
TOTAL CLAIMS	10						TOTAL CLAIMS					

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS